



PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

25280 7590 11/27/2001

MILLIKEN & COMPANY
920 MILLIKEN RD
PO BOX 1926
SPARTANBURG, SC 29304

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

George M. Fisher (Depositor's name)
11/27/2001 (Signature)
19 Feb. 2002 (Date)

02/08/2002 EMBERY2 00000113 040500 09478875

01 FC:142 1280.00 GP
02 FC:561 54.00 CH

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/478,875	01/07/2000	Randolph S. Kohlman	2127	2290

TITLE OF INVENTION: BAG FOR HOME DRY CLEANING PROCESS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
50	nonprovisional	NO	\$1280	\$0	\$1280	02/27/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAVINI, STEPHEN MICHAEL	2162	034-311000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Terry T. Moyer

Milliken & Co. Inc.

George M. Fisher

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MILLIKEN & COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

920 Milliken Road
Spartanburg, SC 29303 USAPlease check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 18 copies

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0500 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

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TRANSMIT THIS FORM WITH FEE(S)

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